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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE



# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing ☐ Declaration Submitted after Initial Filing

Attorney Docket Number	410.018
First Named Inventor	MICHAEL ARAND
COMPLETE IF KNOWN	
Application Number	PCT/FR00/01217
Filing Date	5/5/00
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**EPOXYDE HYDROLASES OF ASPERGILLUS ORIGIN**

(Title of the invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) **May 5, 2000**

as United States Application Number or PCT International

Application Number **PCT/FR00/01217** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment(s) specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
99/05711	France	5/5/99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 5)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

(January 1997)

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 Reporting for filing through PCT/APP, Serial 0061-0923  
 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
 Under the Patent Cooperation Treaty of 1978, an inventor is required to furnish to a collection of information which is a valid PCT application.

## DECLARATION

I hereby state that I am the inventor of the invention described in the application, and that I am the owner of the right to the invention. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental primary sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Charles A. Muserlian	19,683		
Jordan B. Bierman	18,629		
Donald C. Lucas	31,275		
Bierman, Muserlian and Lucas	18,818		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Bierman, Muserlian and Lucas		
Address			
Address	600 Third Avenue		
City	New York	State	New York
Country	U.S.A.	Telephone	(212) 661-8000
		Fax	(212) 661-8002

I hereby declare that all statements made herein of my own knowledge are true and that all statements made for information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	MICHAEL	Middle Initial		Family Name	ARAND	Suffix - J. Jr.	
Inventor's Signature					Date	1/8/2002	
Residence City	Mainz-Kastheim	State		Country	Germany DE	Citizenship	DE
Post Office Address							
Post Office Address	Hauptstrasse. 99						
City	Mainz-Kastheim	State		Zip	55246	Country	Germany

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	ALAIN	Middle Initial	P	Family Name	ARCHETAS	Suffix	
Inventor's Signature					Date	13/05/2002	
Residence: City	Marseille	State		Country	France FRX	Citizenship	FR
Post Office Address							
Post Office Address	96, Traverse des Fenêtres Rouges						
City	Marseille	State		Zip	F-13011	Country	France
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	JACQUES	Middle Initial		Family Name	BARATTI	Suffix	
Inventor's Signature					Date	13/05/2002	
Residence: City	La Ciotat	State		Country	France FRX	Citizenship	FR
Post Office Address							
Post Office Address	2, avenue de la Draille						
City	La Ciotat	State		Zip	F-13600	Country	France
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	ROLAND	Middle Initial		Family Name	FURSTOSS	Suffix	
Inventor's Signature					Date	13/05/2002	
Residence: City	Marseille	State		Country	France FRX	Citizenship	FR
Post Office Address							
Post Office Address	25, chemin des Chalets						
City	Marseille	State		Zip	F-13009	Country	France
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							